



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Registration and Inspection Service

Children's Residential Centre

Centre ID number: 122

Year: 2017

Lead inspector: Lorna Wogan

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Registration and Inspection Report

Inspection Year:	2017
Name of Organisation:	Positive Care Ireland
Registered Capacity:	Four children
Date of Inspection:	6th of April 2017
Registration Status:	Registered from the 18th of November 2016 to the 18th of November 2019
Inspection Team:	Lorna Wogan Lorraine O'Brien
Date Report Issued:	August 2017

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1. Foreword

The National Registration and Inspection Office of the Child and Family Agency is a component of the Quality Assurance Directorate. The inspectorate was originally established in 1998 under the former Health Boards was created under legislation purveyed by the 1991 Child Care Act, to fulfil two statutory regulatory functions:

1. To establish and maintain a register of children’s residential centres in its functional area (see Part VIII, Article 61 (1)). A children’s centre being defined by Part VIII, Article 59.
2. To inspect premises in which centres are being carried on or are proposed to be carried on and otherwise for the enforcement and execution of the regulations by the appropriate officers as per the relevant framework formulated by the minister for Health and Children to ensure proper standards and conduct of centres (see part VIII, Article 63, (1)-(3)). The Child Care (Placement of Children in Residential Care) Regulations 1995 and The Child Care (Standards in Children’s Residential Centres) 1996.

The service is committed to carry out its duties in an even handed, fair and rigorous manner. The inspection of centres is carried out to safeguard the wellbeing and interests of children and children living in them.

The Department of Health and Children’s “National Standards for Children’s Residential Centres, 2001” provides the framework against which inspections are carried out and provides the criteria against which centres structures and care practices are examined. These standards provide the criteria for the interpretation of the Child Care (Placement of Children in Residential Care) Regulations 1995, and the Child Care (Standards in Children’s Residential Centres) Regulations 1996.

Under each standard a number of “Required Actions” may be detailed. These actions relate directly to the standard criteria and or regulation and must be addressed. The centre provider is required to provide both the corrective and preventive actions (CAPA) to ensure that any identified shortfalls are comprehensively addressed.

The suitability and approval of the CAPA based action plan will be used to inform the registration decision.

Registrations are granted by ongoing demonstrated evidenced adherence to the regulatory and standards framework and are assessed throughout the permitted cycle of registration. Each cycle of registration commences with the assessment and verification of an application for registration and where it is an application for the

initial use of a new centre or premises, or service the application assessment will include an onsite fit for purpose inspection of the centre. Adherence to standards is assessed through periodic onsite and follow up inspections as well as the determination of assessment and screening of significant event notifications, unsolicited information and assessments of centre governance and experiences of children and children who live in residential care.

All registration decisions are made, reviewed and governed by the Child and Family Agency's Registration Panel for Non-Statutory Children's Residential Centres

1.1 Methodology

This inspection report sets out the findings of an inspection carried out to monitor the ongoing regulatory compliance of this centre with the aforementioned standards and regulations and the ongoing operation of the centre in line with its registration.

The centre was registered to accommodate four children of both genders from age five to twelve years on admission. The aim of the centre was to provide care for children that present with impaired socialisation, attachment difficulties and impaired impulse control. The centre offered individualised programmes of care that aimed to assist children to develop in all key areas of their lives. The service had developed a structured care framework that applied the principles of attachment theory, psychodynamic theories and the use of therapeutic relationships to effect change and build resilience.

This inspection was announced and was a three-month inspection intervention following the centre's initial registration in November 2016. The inspectors examined standards two and five of the National Standards for Children's Residential Centres (2001). This one day inspection took place on the 6th of April 2017.

The report is based on a range of inspection techniques including:

- ◆ An examination of pre-inspection questionnaire and related documentation completed by the Manager.

- ◆ An examination of the questionnaires completed by:
 - a) The centre manager
 - b) The deputy manager
 - c) The social care leader
 - d) Four social care staff
 - e) The director of services
 - f) The organisation's internal psychologist
 - g) The local Garda Sergeant
 - h) The three children residing in the centre
 - i) The social workers with responsibility for children residing in the centre.

- ◆ An examination of the centre's files and recording process.

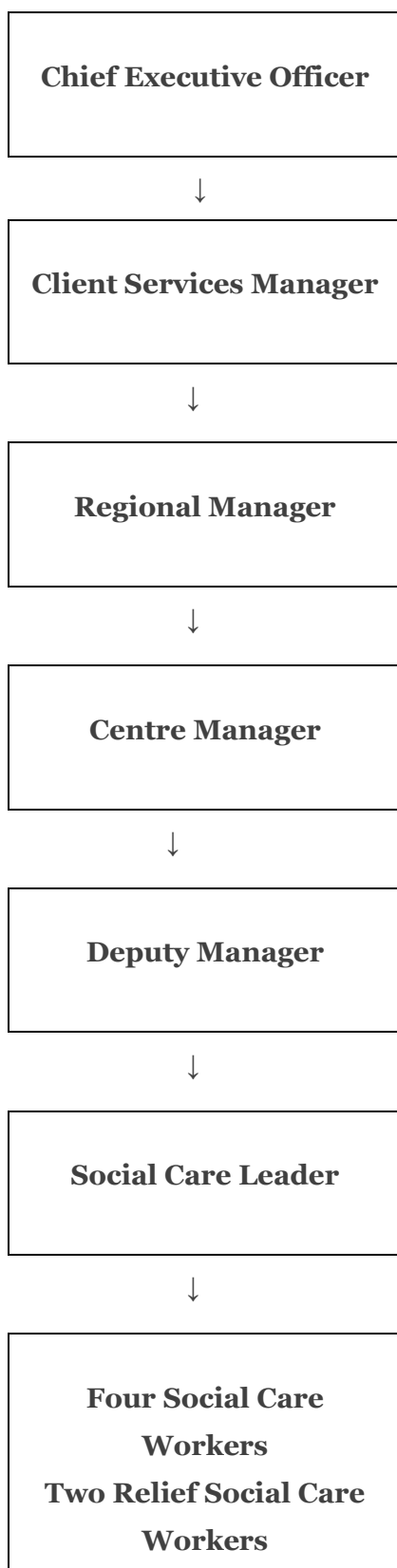
- ◆ Interviews with relevant persons that were deemed by the inspection team as to having a bona fide interest in the operation of the centre including but not exclusively
 - a) The centre manager
 - b) Two social care staff
 - c) Three children
 - d) Two social workers

- ◆ Observations of care practice routines and the staff/young person's interactions.

Statements contained under each heading in this report are derived from collated evidence.

The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the children, staff and management for their assistance throughout the inspection process.

1.2 Organisational Structure



2. Findings with regard to registration matters

The draft inspection report was issued to the centre manager, director of services and the relevant social work departments on 12th July 2017. The centre manager returned the report with completed action plan on the 18th July 2017. The inspection service sought further clarification in relation to the centre responses to the required actions. The centre manager and relevant social workers provided the required clarification and the revised action plan was forwarded to the inspection service on 1st August 2017. The centre will be subject to a second inspection intervention within its first year of operation and will be subject to on-going monitoring in light of its specialised function to provide four placements for children aged five to twelve years on admission.

The findings of this report and the assessment of the submitted action plan deem the centre to be operating in adherence to the regulatory frameworks and the National Standards for Children's Residential Centres and in line with its registration.

As such the registration of this centre continues, without a condition attached, from **18th of November 2016 to the 18th of November 2019.**

3. Analysis of Findings

3.2 Management and Staffing

Standard

The centre is effectively managed, and staff are organised to deliver the best possible care and protection for children. There are appropriate external management and monitoring arrangements in place.

3.2.1 Practices that met the required standard in full

Management

The organisational structure of the centre was comprised of a board of management, a director of clients services, regional manager, centre manager, deputy manager, social care leader, four social care workers and two regular relief social care staff. The regional manager was on extended leave at the time of the inspection however in the interim the director of client services fulfilled the role. The director of client services reported to the board of management and supported the centre through the provision of necessary resources, approval of the statement of purpose and function and relevant policies.

The centre manager was directly accountable to the regional manager for practice at the centre. The centre manager had a recognised social care qualification and had obtained the required level of experience in residential care to undertake this role. This was their first role as dedicated centre manager and they had been in post for four months at the time of the inspection. The centre manager had previously undertaken management training and had training in the provision of staff supervision.

The inspectors found the centre manager provided clear and coherent leadership in relation to care practice within the centre. In interview the manager was confident and familiar with all aspects of care delivery and with the day-to-day running of the centre. There was evidence the centre manager was accessible and interacted frequently with the staff and children alike. The centre manager was based on site from Monday to Friday during normal office hours. The centre manager monitored and guided practice at the centre through conducting regular team meetings, facilitating handovers, formal supervision of staff, reading and signing daily records, reviewing significant event reports and observation of staff practices. There was evidence of open communication between the centre manager and the staff.

A deputy manager and social care leader supported the centre manager in their role. Staff interviewed were familiar with the internal and external line management structure. Staff had contact details for the external line managers and could contact them independently of the internal management structure.

In interview the centre manager stated they had received a comprehensive induction into the service by the regional manager and confirmed they had received continued support from the director of client services while the regional manager was on leave. The inspectors found the centre manager was confident in their approach to supporting and guiding practice at the centre. Staff interviewed stated that the centre manager was accessible to them on a daily basis and provided guidance and direction.

There were appropriate external management structures in place to oversee the work of the centre. The director of client services stated they had oversight of practices within the centre through supervision of the regional manager; attendance at management meetings and this was evidenced on the centre records. The organisation used a computer technology system to review centre documentation and the external managers had access to all reports and documentation generated within the centre.

There was evidence of good communication between the centre manager and the external managers. The centre manager attended monthly regional management meetings within the organisation. These meetings addressed issues such as staffing, training, supervision, policy and procedures and a record of these meetings was maintained. There was evidence the external managers visited the centre on a monthly basis and supervised the centre manager. The regional manager carried out audits of the centre and these audits were conducted in compliance with company policy and were of a good standard. There were key performance indicators to measure outcomes for children in areas such as education, levels of challenging behaviour and attainment of placement goals.

Register

The centre manager maintained a register of all children who lived in the centre to date. The centre's register of admissions and discharges was accurate, up to date and was held in line with the requirements of the child care regulations. The register recorded three admissions and no discharges since the initial registration of the service. The admissions to date were in line with the registration granted and the written statement of purpose and function. There was a system in place where

duplicated records of admissions and discharges were kept centrally by TUSLA, the Child and Family Agency.

Notification of Significant Events

The inspectors were satisfied the centre had a prompt notification procedure in place that provided comprehensive details in writing of any significant event relating to the children. Significant event reports were maintained on file at the centre. The reports provided comprehensive details in writing of significant events relating to the children. The notifications reviewed by the inspectors related to episodes where children displayed behaviour that challenged and behaviour that was indicative of past trauma. There was evidence of oversight of the significant event reports by the regional manager. There was also evidence that the centre manager reviewed all significant event reports and provided guidance and direction to staff in relation to the specific care approach and the overall management of the event. The social workers were satisfied they received prompt notification of all significant events relating to the children in placement.

Staffing

The core team was comprised of the centre manager, six social care and two relief staff. There were seven female staff and two male staff employed to work in the centre. All core staff were appropriately qualified. One of the relief staff was a first year social care student however they had two years experience working in residential care. The manager confirmed to the inspectors that unqualified staff were always supervised in their work by a qualified member of staff.

The core team identified at the point of registration continued to work in the centre at the time of the inspection. Of the staff team presented to the registration panel, one staff member resigned their position to take up a post elsewhere and one staff member returned to the company relief panel. The deputy manager and social care leader had over five years experience working in residential care however four members of the team had less than one years experience in residential care and inspectors found that the overall level of experience in the team was quite low. However, there was evidence the team was well managed and supported in their work through regular auditing and oversight by the external managers, team training and team building days. This level of support for the team should be maintained until experience is built-up within the team. Despite their limited experience the inspectors found that the social care team worked diligently to meet the complex therapeutic needs of the children in their care.

There were adequate numbers of staff to care for the children. The staff/child ratio was 1:1 and there were always three staff on duty during the daytime and two staff on overnight duty in the centre. The inspector examined the staff roster over the previous month and found evidence that a number of relief staff worked at the centre on a regular basis however the centre manager was conscious to ensure there was consistency of care for the children. The manager informed the inspectors that additional staff were currently being recruited to increase the staffing levels within the core team and reduce reliance on relief staff.

The company had a dedicated human resource department that were responsible for the recruitment and vetting of all staff. The inspectors did not view any individual contracts as these are not maintained on personnel files however management confirmed that individual contracts outlining terms and conditions of employment were on file for all staff and held within the company human resource department. The organisation had systems in place to ensure that all statutory provisions in relation to employment law were adhered to. The centre manager stated they were afforded the opportunity to participate in staff recruitment.

The inspectors examined a sample of personnel files and found these to be in compliance with the necessary vetting requirements. Garda vetting and police checks from other jurisdictions were evidenced on the files.

Company induction consisted of five days training and there was a one day centre-specific induction. All staff had participated in the company induction programme.

Supervision and support

The centre had a written policy in relation to supervision and support. The company had an employee assistance programme that offered advice and support to staff if necessary. The organisations counselling psychologist also provided on-going clinical support and guidance to the social care team. The psychologist attended team meetings and was accessible to staff when required and this was evidenced on the centre records. Communication between the centre manager and the staff team was clear, regular and was of good quality.

Inspectors found staff received regular and formal monthly supervision in accordance with the centre policy. There were supervision contracts on file for all staff members. The centre manager received regular supervision from the director of services and the inspector examined the managers' supervision records. There was a structured format for conducting staff supervision and there was evidence that the centre

manager reviewed staff practice and provided feedback to staff within the supervision process. The company had a staff member dedicated to provide formal monthly supervision for relief staff and there were systems in place to ensure this occurred. There was communication between the centre manager and the relief staff supervisor prior to and following the supervision of relief staff.

There was evidence that team meetings were undertaken on a monthly basis and a structured handover meeting took place each day. The inspectors found that these meetings contributed to the placement planning process and consistency amongst the staff team to ensure the implementation of agreed programme of care for the children as outlined in their daily plans and placement plans.

Training and development

There was an effective ongoing staff development and training programme for the care and education of staff. The company had a structured five-day induction-training programme for staff. This training included child protection training, behaviour management training, health and safety training and specific training in the care framework implemented across the service. There was evidence that a range of other training was provided to staff to assist the up skilling of the team. Inspectors concluded that specific training on attachment and trauma informed approaches to care would further enhance the skills required to support the cohort of children placed in this centre.

The centre manager maintained a record of all training undertaken by staff, dates when refresher training was required and the company's IT system tracked and recorded staff training. Supervision records identified additional staff training requirements. There was evidence that recently recruited staff were scheduled to undertake training in the organisational care framework.

Administrative files

The company had a well-developed computerised system that provided oversight of all elements of practice within the house. The centre recording systems were organised and maintained in a manner that facilitated effective management and accountability. There was evidence that the centre manager monitored the centre registers, logbooks and the centre filing system on a regular basis. Staff stated that they had sufficient financial resources to care for the young person and to provide recreational and educative programmes. There were clear financial management systems and records in place. A record of the young person's finances and monies spent was recorded separately from centre finances.

3.2.2 Practices that met the required standard in some respect only

None identified.

3.2.3 Practices that did not meet the required standard

None identified.

3.2.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care) Regulations 1995 Part IV, Article 21, Register.*

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) Regulations 1996*

- Part III, Article 5, Care Practices and Operational Policies
- Part III, Article 6, Paragraph 2, Change of Person in Charge
- Part III, Article 7, Staffing (Numbers, Experience and Qualifications)
- Part III, Article 16, Notification of Significant Events.

3.5 Planning for Children and Children

Standard

There is a statutory written care plan developed in consultation with parents and children that is subject to regular review. The plan states the aims and objectives of the placement, promotes the welfare, education, interests and health needs of children and addresses their emotional and psychological needs. It stresses and outlines practical contact with families and, where appropriate, preparation for leaving care.

3.5.1 Practices that met the required standard in full

Statutory care planning and review

The placements were supported by comprehensive written statutory care plans developed by the supervising social workers in consultation with the relevant professionals, parents and children. The statutory care plans were developed in accordance with the requirements of the regulations and were updated following the statutory care plan reviews. Monthly statutory reviews were conducted in compliance with national policy for the placement of children aged twelve years and under in residential care.

Updated care plans and key-worker reports presented at the statutory review meetings were evident on care files. Placement plans were detailed and comprehensive and set out identified goals and targets. Placement plans were reviewed on a monthly basis, as were individual crisis management plans and absence management plans.

The children had up to date individual crisis management plans. Individual risk assessments and safety plans were completed as and when required and reviewed regularly by staff and the centre manager.

Contact with families

The inspectors found that the staff recognised the value of family contact and worked as closely with families as possible. The team was in the early stages of building relationships with families. There was a significant emphasis on the care planning and placement planning process to support and maintain family relationships. The team worked hard to ensure that contact and communication between the children and their family and home community was maintained despite the distances involved. The care plans outlined family contact and was subject to on-going review at the monthly statutory care reviews. Records relating to family contact were evidenced on the children's care files. Social workers maintained regular contact with parents and provided them with information in relation to their child in placement. Parents were invited and in most instances attended the child in care reviews.

Supervision and visiting of children

The centre policy required social workers to visit the children on a monthly basis given their young age on admission. There was evidence the social workers visited the centre on a monthly basis and met with the children individually and in private. Records of social work visits and the outcome of these visits were maintained on the individual care files.

Social Work Role

Standard

Supervising social workers have clear professional and statutory obligations and responsibilities for children in residential care. All children need to know that they have access on a regular basis to an advocate external to the centre to whom they can confide any difficulties or concerns they have in relation to their care.

Each child in placement had an allocated social worker. Communication and collaboration between the social workers and the centre manager and staff was clear and effective. Progress reports from the centre were forwarded to the social workers. The social worker received copies of absence management plans and individual crisis management plans. Inspectors found evidence that records kept in the centre relating to the children were reviewed by the social workers. The social workers interviewed were satisfied they received prompt notification of all significant events.

The individual social workers interviewed by the inspector stated they were satisfied with the placement to date as it was meeting the identified needs of the child they supervised. They had no concerns about the standard of care the children received.

Emotional and specialist support

There was evidence that the centre paid particular attention to ensuring the care programme provided additional specialist supports for the children. Play therapy was made available to the children along with additional psychology support from within the organisation. Staff maintained a record of all specialist appointments and the outcome of these appointments. The director of service coordinated monthly case review group meetings with the team, psychologist and centre manager where specific concerns arose relating to children in placement. One such review meeting had been coordinated for a child in placement in this centre. There was evidence that the internal counselling psychologist had undertaken an assessment of the therapeutic needs of children in placement and had developed therapeutic support plans for two of the three children at the time of the inspection. These therapeutic plans provided an overview and understanding of each child, identified their therapeutic needs and provided guidance for day-to-day therapeutic interventions.

The centre manager indicated that guidance and support from the therapeutic team further developed and strengthened the team response to the children when presented with behaviours that challenge. The staff interviewed displayed an awareness of the emotional and psychological needs of the children in placement and demonstrated how they met these needs through key-work and through the daily interactions with the children. Each of the children had allocated key-workers. The children were familiar with their key-workers and were able to explain to the inspectors how they were supported by their key-workers. The key-worker interviewed by inspectors demonstrated a good understanding of their role and was familiar with the key-work tasks as outlined in the placement plan. The inspectors reviewed key-work records and saw evidence that key-work completed was linked to needs identified in placement plans.

Preparation for leaving care

The children in placement were not at an age for preparation for leaving care. However, the inspectors found evidence that staff assisted the children to learn practical life skills for example general household chores, personal hygiene skills and cooking. Specific life skills programmes were tailored to meet their individual needs and were set out in the placement plans and goal trackers.

Discharges

The centre had a written policy on discharges indicating its commitment to ensuring that children leave the centre in a planned and structured way that is in accordance with their statutory care plan. This centre was newly established and had been operational for four months at the time of this inspection. There were no discharges from the centre. The centre manager was aware of the requirements to record the relevant information on the centre register on discharge.

Aftercare

Referral to the statutory aftercare services was not applicable to any of the children in this centre at the time of this inspection.

Children's case and care records

Social workers interviewed confirmed they maintained an individual case file for the child they supervised in placement. Centre records were maintained in a manner that supported effective planning for the children. Information on each individual care file and the key-working file was accessible and stored in an organised manner. Records were well written and decisions taken by the staff team and/or social worker were recorded at the centre. The individual care files and personal information was stored in a secure manner. Electronic records were password protected. There was evidence that the centre manager and the director of services monitored the quality of all centre records and took appropriate action to safeguard the interests of staff and the young person. The children's files contained information as required by the regulations for example copies of relevant care orders, birth certificates and up to date care plans. The care records also contained relevant health information, immunisation history, school progress reports, record of visits by social workers, family and other professionals. There was evidence on the records that children's views were sought and recorded. The centre had a child centred document whereby the children had the opportunity to provide feedback to staff on a monthly basis. The centre manager was aware of the company's responsibility to maintain files relating to the children in perpetuity.

3.5.2 Practices that met the required standard in some respect only

Suitable placements and admissions

The centre had a clear policy and agreed procedures that outlined the process of admission. All children in placement at the time of the inspection were appropriately placed in line with the centre's written statement of purpose and function. The social workers confirmed they were satisfied that the placements were suitable and could meet the needs of their respective child in placement.

The centre manager provided the children with age appropriate written information describing all aspects of the care at the centre. The centre manager was satisfied they received adequate information pertaining to each child from the national placement team. Placement impact risk assessments were undertaken prior to accepting a new referral and the centre manager confirmed that the outcome of these assessments was shared with the existing social work teams.

At the time of the inspection the manager and director of services indicated to the inspectors they would not consider other referrals as the centre was newly opened and some of the staff team were relatively inexperienced. They stated that the current group of children required time to settle and the staff required time to further develop confidence in managing presenting behaviours. The manager confirmed in interview that they were directly involved in the decision to accept a referral to the centre.

Shortly after the on-site inspection the inspectors found that a fourth child was admitted to the centre. Following a review of significant events by the lead inspector they highlighted concerns about the evident increase in the number of significant events relating to two existing children in placement following the admission of the fourth child. The lead inspector highlighted concerns that the centre had admitted two children within a short timeframe and thus reduced their capacity to support all four children due to the behavioural challenges presented by two of the existing children. It was the view of the inspection service that the admission of the fourth resident created additional challenges for the team in terms of their capacity to meet the identified needs of all four children. The placements of all four children must be subject to careful monitoring to ensure the team can adequately meet the diverse needs of each of the children in placement in the context of the overall group dynamic and population mix. The senior managers decision to support the admission of children to the centre in close succession to each other must be reviewed to establish

the appropriateness of such decisions and consider whether this was in the best interests of all the children in placement.

During the course of the inspection the inspectors learned that CCTV cameras were installed in a number of locations inside the premises. The use of CCTV was brought to the inspectors' attention by one of the children in the course of their interview with the inspectors. The centre manager informed the inspectors that CCTV was installed to safeguard the children and the staff due to the potential risk of allegations against staff members.

While providers have a duty to provide safe care the inspection service would expect a range of management options to be considered, with the emphasis on interactions with children and adequate levels of supervision that most closely resemble good parenting rather than recourse to technology. There are also legal as well as ethical ramifications to installing CCTV cameras where people live and it cannot be a covert measure. Inspectors did not observe any signage internally to indicate that CCTV was in operation inside the centre.

The inspectors discussed these issues with the director of services and required that they review the practice of operating CCTV internally within a children's residential centre and identify alternative practices to safeguard the children and the staff working in the centre. The director would otherwise have to demonstrate to the inspection service a well-defined and justified reason for the continued use of CCTV within the centre. The director of services confirmed to the inspection service that the use of the CCTV cameras would cease as their purpose and necessity could not be robustly demonstrated. Some social workers also indicated they were not aware of the presence of CCTV internally and confirmed they were not provided with a copy of the centres policy on the use of CCTV. The centre manager must ensure that all policies affecting the care of young people are discussed and clarified with placing social work departments.

Inspectors were also concerned that a number of doors directly off the children's living space were continuously being locked and unlocked by staff throughout the day which created a sense of institutional living. The necessity to lock the doors directly off the kitchen/living area must be reviewed by the centre manager.

3.5.3 Practices that did not meet the required standard

None identified.

3.5.4 Regulation Based Requirements

The Child and Family Agency has met the regulatory requirements in accordance with the *Child Care (Placement of Children in Residential Care)*

Regulations 1995

-Part IV, Article 23, Paragraphs 1and2, Care Plans

-Part IV, Article 23, paragraphs 3and4, Consultation Re: Care Plan

-Part V, Article 25and26, Care Plan Reviews

-Part IV, Article 24, Visitation by Authorised Persons

-Part IV, Article 22, Case Files.

The centre has met the regulatory requirements in accordance with the *Child Care (Standards in Children's Residential Centres) 1996*

-Part III, Article 17, Records

-Part III, Article 9, Access Arrangements

-Part III, Article 10, Health Care (Specialist service provision).

Required Action

- All four children's placements must be subject to careful monitoring to ensure the team can adequately meet the diverse needs of each of the children in placement in the context of the overall group dynamic and population mix.
- The centre manager must ensure that all policies affecting the care of young people, in this instance the use of CCTV, are discussed and clarified with placing social work departments.
- The centre manager must review the practice of staff continuously locking and unlocking doors in the children's living area.

4. Action Plan

Standard	Issues Requiring Action	Response	Corrective and Preventative Strategies To Ensure Issues Do Not Arise Again
<p>3.5</p>	<p>All four children’s placements must be subject to careful monitoring to ensure the team can adequately meet the diverse needs of each of the children in placement in the context of the overall group dynamic and population mix.</p> <p>The centre manager must ensure that all policies affecting the care of young people, in this instance the use of CCTV, are discussed and clarified with placing social work departments.</p> <p>The centre manager must review the practice of staff continuously locking and</p>	<p>Placements are reviewed by placing social work teams on a monthly basis in line with the National Standards. At present there are regular professionals meetings with 2 of the social work teams also. All placements are reviewed internally by clinical team in conjunction with the management structure.</p> <p>Should this be in reference to the CCTV in the unit this is no longer in use at present.</p> <p>This is consistently reviewed and risk assessed in accordance with the risks posed</p>	<p>The unit opened in November with the first resident. Following this there were substantial gaps with each placement (ranging from 6 weeks, 8 weeks and 12 weeks). One of the placements underwent a crisis and we engaged the support of the social work team to support a 2:1 staffing ratio which is now in place.</p> <p>Should it be deemed necessary to reconsider this for any reason we will engage in a comprehensive consultation process with all stakeholders.</p> <p>We will review the practice of locking doors in this area on a monthly basis.</p>

	<p>unlocking doors in the children's living area.</p>	<p>by the children and protective pieces that are necessary given the presentation of the children in the centre.</p> <p>The risk assessment indicates the necessity to continue to lock doors in this area at this time.</p>	
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